

Individual Goods and Services

To be used for all individuals in the 0208 comprehensive waiver and 1037 Supports for Community Working and Living Waiver

Name:	Effective Date of Plan:
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Individual Goods and Services Guide

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The decisions of a planning team to request the purchase of individual goods and services are based on the specific needs of the person in services. Such requests do not set precedent in the sense that other individuals are “automatically eligible” for the same service, equipment or supply. For example, the purchase of diapers under this service category is not appropriate for a three month old waiver participant, because three month old babies are not toilet trained and therefore, the diapers are not disability related. The purchase of adult diapers for an adult waiver participant who is incontinent may be appropriate, if the diapers are not covered under the State Plan. In this event, the incontinence is related to a developmental disability. Many such other examples exist, but the bottom line is that all goods or services purchased under this waiver category must be specific to the disability needs of the individual and all such purchases must be prior authorized in accordance with the language in the approved plan of care. All goods and services purchased in this category must be defensible and have a clear audit trail in the purpose and use of funds used to purchase goods and services.

✓This form must be used for all unduplicated IGS requests within the current fiscal year. For example if you are requesting an item that will be purchased more than once during the current fiscal year, such as wipes, you only need to request approval one time and indicate that it will be purchased throughout the year.

✓Approved IGS requests must be reimbursed in the same fiscal year that the item or service is utilized. For example it is not permissible to request that tuition for a class be reimbursed in April (because there is an early registration discount) when the class does not begin until August. In this example you have ICP dollars expended in one fiscal year and the class being attended in a different fiscal year. The class could be purchased in April in order to access the discount but the cost plan could not reimburse until after the class has been attended.

✓When providing supporting documentation, attach information as a separate document or copy and paste into this document.

✓All requests for approval sent to a QIS or Regional Manager must be submitted electronically. If sent through regular email, only include the AWACS ID and omit the individual's name for HIPPA compliance.

✓All IGS requests over \$2,000, including the admin fee, (annual aggregate) denied by the Regional Manager will be submitted to DDP Central Office for final review.

✓When the IGS request for approval form is completed, print and include with the Plan of Care as supporting documentation for monitoring purposes.

✓ Clear audit trail means that the item or service is clearly listed and approved in the plan of care and individual cost plan. After the purchase there is a clear receipt for the purchase, which includes the packing slip for online/delivery orders. An order form/confirmation does not constitute receipt of an item or service.

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0208 Waiver Individual Goods & Services Request for Approval

Individual Goods and Services are services, equipment or supplies that enhance opportunities for the person to achieve outcomes for full membership in the community as clearly identified in the plan of care. Individual goods and services fall into the following categories:

Membership/Fees including but not limited to:

- Fees associated with classes for the person supported
- Social club memberships
- Fees associated with Special Olympics
- Health memberships as prescribed by a licensed health care provider
- Recreational activities specific to a habilitative goal in the plan of care

Recreational activities provided under Individual Goods and Services may be covered only when they are included in a planning outcome related to a specific residential habilitation goal.

And

Equipment and Supplies including but not limited to:

- Assistive technology devices, controls, appliances or other items that enable persons to increase their abilities to perform activities of daily living, or to recognize, control or communicate with the environment, thus decreasing the need for assistance from others.
 - Accessories essential to prolong life of assistive technology devices such as batteries, protective cases, screen protectors.
 - Nutritional supplements,
 - Nonreusable medical supplies related to the person's disability,
 - Instructional supplies,
- ✓ Individual Goods and Services can pay for repair of equipment when the equipment meets the authorization criteria and the repair is a cost-effective alternative (e.g., is expected to last and without repair the equipment would have to be purchased new at a great cost). A maintenance or insurance agreement may be purchased for items that meet authorization criteria when the maintenance agreement is expected to be cost-effective.
 - ✓ Shipping and handling costs may be paid if the shipping cost is included in the price of the item, and the waiver is purchasing the item.
 - ✓ Reconditioned equipment may be purchased if all authorization criteria are met and the item is considered of adequate quality, expected to be durable, and the cost is commensurate with the age and condition of the item (e.g., if a new item could be purchased at the similar cost, it may be worthwhile to purchase the new item).
 - ✓ Nutritional supplements, vitamins, and the like may be reimbursed when there is no other source for reimbursement, and the specific items have been reviewed and approved, in writing, by the person's licensed health care provider.

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Items covered under Individual Goods and Services must meet the following requirements:

- Montana assures that services, goods or supports provided under this definition are not covered activities which are otherwise available under section 110 of the Rehabilitation Act of 1973, the IDEA (20 U.S.C. 1401 et seq.), or EPSDT.
- **Individual goods and services must be approved prior to purchase and reimbursement.** In addition, goods and services purchased on behalf of the person by legal guardians, legally responsible persons, or other non-employees acting on behalf of the person are reimbursable only if receipts for such purchases are submitted to the agency with a DDP contract. The receipts are reimbursable only if all the requirements have been met. **Goods and services projected to exceed \$2,000 (annual aggregate) require prior approval by the DDP Regional Manager.**
- Equipment purchases are expected to be a one-time only purchase. Replacements, upgrades or enhancements made to existing equipment will be paid if documented as a necessity and approved by DDP Regional Manager.

The following represents a non-inclusive list of non-permissible Goods and Services:

- Individual goods and services provided under this definition are not covered under the Individuals with Disabilities Education Act (IDEA), home-based schooling, or Section 110 of the Rehabilitation Act or available through any other public funding mechanism.
- Goods, services or supports benefiting persons other than the individual
- Room and board
- Personal items and services not related to the disability
- Gifts, gift certificates, or gift cards for any purpose
- Items used solely for entertainment or recreational purposes
- Personal hygiene items
- Discretionary cash
- General clothing, food, or beverages (not specialized diet or clothing)
- Household furnishings
- Household cleaning supplies
- Home maintenance

***The benefits of massage therapy, according to research conducted by the DDP Medical Director are modest, temporary and inconsistent. Therefore until further scientific studies have shown proof of benefits over traditional treatment by physical therapists, the DDP will not pay for Massage Therapy from any waiver.**

***Nutritional supplements, vitamins, and the like may qualify under individual goods and services when there is no other source for reimbursement, the specific items are not experimental, and documentation is provided, in writing, that the specific items have been reviewed and approved by the individual's health care provider. A health care provider is defined as a medical doctor (MD), an advanced practice registered nurse (APRN), or a physician assistant (PA).**

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Individual Goods and Service Criteria

Individual goods and services must be directed exclusively toward the benefit of the individual are the least costly alternative that reasonably meets the individual's assessed need and meets the following requirements.

*** Goods and services projected to exceed \$2,000 (annual aggregate) require prior approval by the DDP Regional Manager.**

The service, equipment or supply is designed to meet the participant's functional and medical needs by advancing the outcomes in the plan of care.

Functional remedially necessary: appropriate to assist the person in increased independence and integration in their environment/community.

Medical medically necessary: appropriate and effective for the medical needs and health and safety of the person.

(If marked **No** to all questions then proceed)

Yes	No	Please mark yes or no to the following questions.
		These purchases are prohibited by the Federal or State statutes or regulations
		Do these purchases include experimental goods and services
		The service equipment or supply is available through another source. (If no , denial from sources such as personal/family, insurance, school, Medicaid)

(If one or more of the following additional criteria are met with a **Yes** answer then proceed)

Yes	No	Please mark yes or no to the following questions.
		1.The services, equipment or supply promotes inclusion in the community and increases the participants functioning related to the disability
		2.The service equipment or supply increases the person's safety in the home environment
		3.The service equipment or supply decreases the individual's dependence on other Medicaid Services.

If you answered yes to questions 1, 2 and 3, explain. Also, explain what each service, equipment or supply is and how it is related to the person's disability and how it would enhance opportunities for the person to achieve their desired outcome.

Provide **documentation** of the cost of the item/items, and provide a **prescription** or **letter** from the professional recommending these purchase/purchases. Also provide documentation of any financial denials. **(These items need to be attached to the PSP document and need to be present before purchase of the service requested) (All receipts and/or packing slips need to accompany the purchase.**

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Case Manager:	<input type="checkbox"/> yes <input type="checkbox"/> no	Name of Case Manager:		Date:	
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Regional Manager Approval over \$2,000:	<input type="checkbox"/> yes <input type="checkbox"/> no	Name of Regional Manager:		Date:	
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If Regional Manager is declining request explain why:

Section VIII. Outcomes

Vision Statement:

Outcome: *Written to answer this question,: "What do I want to do this year?"*

Assessment tool/s used:

Actions (Approach): How do I get there? How will this be accomplished? <i>Include name of provider agency and title of responsible person.</i>	Start Date/Completion Date	Status/Progress